



Comparison Chart

for health insurance

This chart can help you make an informed decision about which health insurance plan is best for your family. Compare the benefits, co-pays and premiums for health insurance between CHIP and your employer's health insurance plan. Decide which option is best for you:

- Insure your child with CHIP. Or,
- Insure your child with your employer's health insurance, and receive up to \$100 per child (from UPP).

Benefits	CHIP Plan A* Co-pay	UPP & Employer's Health Insurance Co-pay	CHIP Plan B* Co-pay
Visits to a Doctor	\$3		\$15
Well Child Visits	\$0		\$0
Prescriptions Drugs Generic Brand Name Mail Order Drugs Non-PDL**	\$1 for PDL** generic \$1 for PDL** brand N/A for mail order \$3 for non-PDL		\$5 for PDL** generic \$5 for PDL** brand N/A for mail order 50% of total amount for non-PDL
Immunizations	\$0		\$0
Lab Services	\$1 (if under \$50) \$2 (if over \$50)		\$5 (if under \$50) 10% of total amount (if over \$50)
X-Rays	\$1 (if under \$100) \$3 (if over \$100)		\$5 (if under \$100) 10% of total amount (if over \$100)
Eye Exam	Plan pays \$30 for 1 exam per plan year		Plan pays \$30 for 1 exam per plan year
Hearing Screening	Plan pays \$30 for 1 exam per plan year		Plan pays \$30 for 1 exam per plan year
Hospital Services Inpatient Outpatient	\$3 \$3		10% of total amount 10% of total amount
Emergency Care Emergency Room Visit Ambulance	\$3 \$0		\$35 \$0
Urgent Care Center	\$3		\$15

*CHIP Plan A or B - This is not a plan you choose. It is based on your income and determined by your eligibility worker.

**PDL - a prescription drug on the Preferred Drug List

Benefits	CHIP Plan A Co-pay	UPP & Employer's Health Insurance Co-pay	CHIP Plan B Co-pay
Visits to a Specialist	\$3		\$15
Chiropractor, Physical Therapy, and Occupational Therapy	\$3 (16 visit limit combined total per plan year)		\$15 (16 visit limit combined total per plan year)
Surgeon In/Outpatient Center Doctor's Office	\$0 \$3		\$0 \$15
Anesthesiologist	\$0		\$0
Ambulatory Surgical Facility	\$3		10% of total amount
Mental Health Inpatient Hospital	\$3 (30 days max per plan year)		10% first 10 days 50% next 20 days (30 days max per plan year)
Mental Health Outpatient Visits	\$3 (30 visit limit per plan year)		50% of total amount (30 visit limit per plan year)
Medical Equipment and Supplies	\$0 (pre-approval required if over \$750)		\$0 (pre-approval required if over \$750)
Home Health and Hospice Care	\$0 (pre-approval required)		\$0 (pre-approval required)
Premium Fee	\$0 or \$13 (every 3 months; income based)	(receive up to \$100 per child from UPP every month)***	\$25 (every 3 months)
Maximum Out-of- Pocket Expense	5% of family's annual gross income		5% of family's annual gross income
Deductible	None		None
Dental	\$0 to \$3 (limited benefits)	(receive an additional \$20 per child from UPP every month)	0% - 20% of total amount (limited benefits)
Other Benefits			

*** In addition, adults may qualify to receive up to \$150 every month